

# FINAL EVALUATION REPORT

## Public Art & Cultural Facilities

Commission grant period July 1 to June 30



IDAHO COMMISSION ON THE ARTS  
PO Box 83720  
Boise, ID 83720-0008

208/334-2119  
1-800/ART-FUND

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Applicant \_\_\_\_\_ TIN/EIN \_\_\_\_\_

Project Title \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Grant Number \_\_\_\_\_ Grant Award\$ \_\_\_\_\_

*The period of this grant is from July 1 to June 30 of the current year. One copy of this report must be submitted to the Commission within 60 days of the completion of the grant period, but no later than **August 30<sup>th</sup>**. You are required to retain all financial records pertaining to the grant for a period of three years from the close of the grant period. Requests for extension for filing your final report must be submitted in writing, not later than **June 30<sup>th</sup>**.*

### NARRATIVE EVALUATION OF THE REPORT (attach pages as necessary)

- Compare the actual accomplishments of the grant period to those set forth in the application.
- Explain the impact of the grant in the community/region, and the challenges encountered, etc.
- Please submit copies of programs, publicity, and other printed materials.

**FINANCIAL INFORMATION**

This report should reflect only those revenues and expenses directly related to the project or which the grant was awarded.

**Section A: ACTUAL CASH EXPENSES**

	Grant Funds \$	Other Cash \$	Total Expenses \$
Actual Personnel, Administrative			
Actual Personnel, Artistic			
Actual Personnel, Technical/Production			
Actual Outside Artistic Fees and Services			
Actual Outside Other Fees and Services			
Actual Space Rental			
Actual Travel			
Actual City Taxes Paid	<i>Ineligible</i>		
Actual State Taxes Paid	<i>Ineligible</i>		
Actual Federal Taxes Paid	<i>Ineligible</i>		
Actual Marketing			
Actual Remaining Operating Expenses			
Actual Capital Expenditures, Acquisitions			
Actual Capital Expenditures, Other			
ACTUAL TOTAL CASH EXPENDITURES			

**Section B: ACTUAL IN-KIND CONTRIBUTIONS**

Please attach certification or receipt for all contributions.

	Contributor (please identify)	Total Expenses \$
Actual Personnel, Administrative		
Actual Personnel, Artistic		
Actual Personnel, Technical/Production		
Actual Outside Artistic Fees and Services		
Actual Outside Other Fees and Services		
Actual Space Rental		
Actual Travel		
Actual Marketing		
Actual Remaining Operating Expenses		
Actual Capital Expenditures, Acquisitions		
Actual Capital Expenditures, Other		
ACTUAL TOTAL IN-KIND CONTRIBUTIONS		

**Section C: CASH REVENUE**

	Total Revenue \$
Actual Admissions	
Actual Contracted Services Revenue	
Actual Corporate Support	
Actual Foundation Support	
Actual Other Private Support	
Actual Government Support, Federal	
Actual Government Support, State/Regional	
Actual Government Support, Local	
Actual Other Revenue	
Actual applicant Cash (Cash on Hand)	
Actual ICA Grant Amount Spent	
CASH INCOME	

**THE ARTS** **FINAL EVALUATION REPORT**  
**CONSTITUENT PARTICIPATION**

Were there special constituencies (Handicapped, senior citizens, minorities, etc.) served through this grant? If so, please describe:

Describe any steps taken to meet ADA/504 regulations (Accessibility for the Handicapped):

I/we the undersigned certify that the foregoing information and all attachments to this report are true and correct and that all expenditures were incurred for the purpose of this grant.

Authorizing  
Official \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Project  
Director \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_